

03-23-05

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Application No. (if known): 10/628,046

Attorney Docket No.: 00820/000N031-US0

**Certificate of Express Mailing Under 37 CFR 1.10**

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. 447565244-US in an envelope addressed to:

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on March 22, 2005  
Date

Lillian Garcia  
Signature  
Lillian Garcia  
Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

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Fee Summary Sheet (1 page)  
Fee Transmittal (1 page)  
Check No. 8025 in the amount of \$1,100.00  
Amendment Transmittal (1 page)  
Amendment in Response to Non-Final Office Action (12 pages)  
Transmittal of Drawing Correction (1 page)  
Corrected Drawings (Figs. 1-4; 1 sheet)  
Claim for Priority and Submission of Documents (1 page)  
Priority Document (EP 02078061.5)  
Return Receipt Postcard



## FEE SUMMARY SHEET

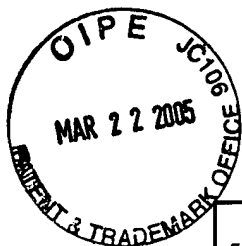
### Transmittal -- Amendment

Date: March 21, 2005  
Time: 3:15 PM  
Docket: 00820/000N031-US0

Filing Date: July 25, 2003  
Application No: 10/628,046  
Total Fee: \$ 1,100.00

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Code	Amount	37 CFR	Fee Description	Listed on
1202	100.00	1.16(i)	Claims in excess of twenty	Fee Transmittal (PTO SB-17)
1201	1,000.00	1.16(h)	Independent claims in excess of three	Fee Transmittal (PTO SB-17)



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

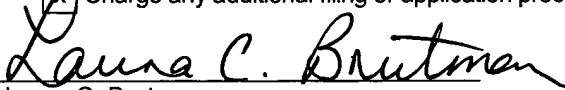
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>  <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>			
		Application Number	10/628,046-Conf. #4029		
		Filing Date	July 25, 2003		
		First Named Inventor	Hansjurg Gysin		
		Examiner Name	B. S. Mullins		
TOTAL AMOUNT OF PAYMENT		(\$)	1,100.00	Attorney Docket No.	00820/000N031-US0

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account	Deposit Account Number: <u>04-0100</u> Deposit Account Name: <u>Darby &amp; Darby P.C.</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<b>Application Type</b>	<b>Filing Fees</b>	<b>Small Entity Fee (\$)</b>	<b>Search Fees</b>	<b>Small Entity Fee (\$)</b>	<b>Examination Fees</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>
	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>						<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
25		23 = 2	x 50.00 =	100.00	<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
8		3 = 5	x 200.00 =	1,000.00			
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>		<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
_____		- 100 = _____	/50 _____ (round up to a whole number) x _____		= _____		
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						<b>Fees Paid (\$)</b>	
Other (e.g., late filing surcharge): _____							

<b>SUBMITTED BY</b>			
Signature	<u>Laura C. Brutman</u>	Registration No. (Attorney/Agent)	38,395
Name (Print/Type)	Laura C. Brutman	Telephone	(212) 527-7772
		Date	March 22, 2005

Express Mail Label No.	Dated: _____
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AMENDMENT TRANSMITTAL LETTER				Docket No. 00820/000N031-US0	
Application No. 10/628,046-Conf. #4029		Filing Date July 25, 2003		Examiner B. S. Mullins	
				Art Unit 2834	
Applicant(s): Hansjurg Gysin					
Invention: HIGH-SPEED ROTOR					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	25	- 23 =	2	x 50.00	100.00
Independent Claims	8	- 3 =	5	x 200.00	1,000.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>1,100.00</b>
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$ <u>1,100.00</u> to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Laura C. Brutman Attorney Reg. No.: 38,395				Dated: <u>March 22, 2005</u>	
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257					
Express Mail Label No. _____ Dated: _____					

Dated: \_\_\_\_\_

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner: B. S. Mullins